	TEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI N OF CORRECTION (POC) IDENTIFICATION NUMBER:			A. BLDG: _	IPLE CONSTRUCTION: 00	(X3) DATE SURVEY COMPLETED: 11/18/2013			
NAME OF PRO	NAME OF PROVIDER OR SUPPLIER:			B. WING: 11/18/2013 STREET ADDRESS, CITY, STATE, ZIP CODE:					
PPSP SURGICAL LOCUST STREET HEALTH CENTER			1144 LOCUST PHILADELP		107				
STATE LICENS	E NUMBER: 00238701								
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
M 0000	INITIAL COMMENT			M 0000					
	This report is the result of an annual registration survey conducted on August 29, 2013, at the PPSP Surgical Locust Street Health Center. It was determined that the facility was in compliance with the requirements of the Pennsylvania Department of Health Regulations § 28 Pa Code, Chapter 29, Subchapter D, Ambulatory Gynecological Surgery in Hospitals and Clinics.		ne PPSP as nce with rtment of 29,						
LABORATORY	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER.			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
	8-5130			B. WING:			
	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSI	E NUMBER: 00238701						
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0000	INITIAL COMMENT			S 0000			
S 033A	This report is the result survey conducted on A Surgical Locust Street determined that the fac with the requirements of Department of Health's Ambulatory Care Facil IV, Subparts A and F, O November 1999.	Health Center. It was illity was not in composite Pennsylvania Rules and Regulatities, Annex A, Title Chapters 551-573,	PSP as pliance ons for e 28, Part	S 033A	TITLE:	(X6) DATE:	
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE		TITLE:	(X6) DATE:	

State Form 91KW11 IF CONTINUATION SHEET Page 1 of 18

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE		R:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:		
		8-5130			00	11/18/2013	
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET SE NUMBER: 00238701	HEALTH	STREET ADDRESS. 1144 LOCUST PHILADELP	STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 1 553.3 (1) Governing Body 553.3 Governing Body responsible to the conforming to	onsibilities include: o all applicable Federal,	State, and	S 033A	Based on feedback from survive during the August 29, 2013 of the surgical center manager of Pennsylvania State law and I protocols specific to mandate reporting at center staff meet September 17, 2013. PPSP Chief Operating Office Manager of Center Quality we consultation will revise curre protocol to include language when to ascertain if the child sexual intercourse with an in who was four or more years than the child. The revised p will be in place by January 1 and all health center staff with training on this protocol by I 15, 2014. Revised protocol a evidence of training will be a for review. Lack of documentation when reporting child sexual abuse revealed in survey 8/29/13 we reviewed at the 9/17/13 center meeting. Detailed instruction required documentation was reviewed. Surgical center manow reviews medical records.	survey, reviewed PPSP ory cing on er and with legal ent on I had dividual older rotocol 5, 2014 III receive February available as as er staff as on anager	Completion Date: 09/17/2013 Status: APPROVED Date: 12/30/2013

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130		A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238/01 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 2			S 033A	minor patients to ensure comwith State Law.	npliance	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER				PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY	
		8-5130		B. WING:		11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
	E NUMBER: 00238701			1			
(X4) ID PREFIX TAG	MUST BE PRECEEDE IDENTII	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Based on a review of farmedical records, and in was determined that the all applicable State law. Ppsp Surgical Locust S in compliance with the The Pennsylvania Crim Protective Service Law. Sexual intercourse with age is always a crime was relationship of the offethe "consent" of the change of a child with serious bodily injudeviate sexual intercourse with serious bodily injude child less than 13 year	the facility failed to cooks. Street Health Center following State law hes Code and the Chord a child less than 13 without regard to the nder, and without reild. See 18 Pa.C.S § 1; 3121(d)(rape of a cary); 3123 (b)(involutes with a child); 31 xual intercourse with ary). Under Pennsylvary).	EMP), it onform to was not so: ild B years of age or gard to ss child untary 23(c) h a child lyania law,	S 033A			
	consent to sexual interest	course.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5130		B. WING:		11/18/2013		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701		STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET					
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF THE PROPERTY O		D BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033A	Sexual intercourse with age is a crime if the off older than the child, an not married to each oth (statutory sexual assaudeviate sexual intercoulaw, an unmarried indivage is incapable of conwith a person who is for Accordingly, under all than 13 years of age who found to have a sexuall condition, is a child "upinflicted in violation of Commonwealth." So it of age if the person who who caused the child to disease or condition, is than the child and is not professional contact who fage who is pregnant sexually-transmitted disease.	Tender is four or more defender. 18 Pa.C.S. §§ 32 lt); 3123(7)(involunture). Under Pennsylvidual less than 16 yesent to sexual intercolur or more years old circumstances, any cho is pregnant, or what yetransmitted disease pon whom injuries has any child less than to caused the pregnant of have a sexually-transmitted to the child ith a child less than 16, or who has a	re years nder are 122.1 rary Ivania rears of ourse der. child less no is re or rave been s 16 years ncy, or nsmitted older d. 13 years	S 033A				

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 8-5130			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 11/18/2013	ΞY
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701		STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	triggers a duty, on the providers identified in report under the Crime Contact with a child le pregnant, or who has a or condition, triggers a Crimes Code if the per pregnancy, or who cau sexually-transmitted di more years older than the child. Failure to re Crimes Code is a summ fine and/or imprisonmed. In addition to the report Crimes Code, the amer made to the CPSL have report suspected child [a] person who, in the occupation or practice contact with children s to be made when the cause to suspect, on the	18 Pa.C.S. § 5106 (as Code in all circums sthan 16 years of a sexually-transmitted duty to report under son who caused the sed the child to have sease or condition, is the child and is not in port as required by the nary offense punishabent. Ting obligations under the expanded the obligations and now specific course of employment of a profession, comball report or cause as a person has reasonal	e), to stances. ge who is d disease the as four or harried to he lible by er the ure has ation to fy that nt, es into a report	S 033A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		8-5130				11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER		STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET				
STATE LICENS (X4) ID	E NUMBER: 00238701	OF DEFICIENCIES (EACH DE	EICIENCV	ID	DROVIDERIC BLAN OF CORRE	OTION (FACH	(Y5)
PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 6			S 033A			
	professional or other tr	aining and avnarian	ca that a				
	child under the care, su		•				
	training of that person						
	organization or other en		•				
	affiliated is victim of c	-	•				
	abuse by a person who		-				
	This is not met as evide	enced by:					
	1) Based on a review of	of facility policies ar	nd				
	interview with staff (El	MP), it was determine	ned that				
	the facility failed to de-	velop a policy that n	net the				
	reporting requirements	for statutory sexual	assault				
	victims as defined in th	ne The Pennsylvania	Crimes				
	Code and the Child Pro	otective Service Law	7				
	Findings include:						
	A request was made to	EMP1 on August 29	9, 2013,				
	for a facility policy rela	ated to external repo	rting to				
	appropriate agencies as		-				
	Crimes Code and the C	Child Protective Serv	vice Law.				
	EMP1 provided "Penns	sylvania Law and Cl	hild				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
	8-5130				<u>uu</u>	11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER		STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET				
STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Abuse Reporting," upd revealed " Statutory rape") is sexual intercounder the age of 16 and older. It is a crime, hor reportable incident An interview with EMI approximately 3:00 PM facility policy is what to child abuse. 2) Based on a review of interview with staff (Extended to the facility cared for ununder the age of 16 and ascertain if the child had individual who was for	ated December 2012 sexual assault ("staturse when one person the other is 4 or more wever it is NOT a material and sexual intercourse and sexual intercourse are or more years older	nutory on is ore years andated 13, at above or reporting and that hildren o with an er than	S 033A			DATE
	the child for six of six	1001041 1000145 1011	C 11 CG				

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/CI PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:				(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
	8-5130			B. WING: _		11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
	E NUMBER: 00238701	OF DEFICIENCIES (F.) ON DE	FIGURIAN				075)
(X4) ID PREFIX TAG	MUST BE PRECEEDE IDENTII	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 8			S 033A			
	(MR1, MR2, MR3, MF Findings include:	R4, MR5, and MR6)).				
	A review of MR1 revea	aled the natient lister	d in the				
	medical record was a 1						
	pregnant patient. A fur	-					
	no documentation that						
	child had sexual interce	-					
	was four or more years						
	A review of MR2 revealed the patient listed in the medical record was a 13 year old unmarried pregnant patient. A further review of MR2 revealed no documentation that the facility ascertained if the child had sexual intercourse with an individual who was four or more years older than the child.		d Prevealed ned if the dual who				
	A review of MR3 rever medical record was a 1 pregnant patient. A fur no documentation that child had sexual intercord	3 year old unmarried orther review of MR3 the facility ascertain	d revealed ned if the				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	1 ' '			(X3) DATE SURVEY COMPLETED:	
		8-5130				11/18/2013	
PPSP SUR CENTER	VIDER OR SUPPLIER: GICAL LOCUST STREET	HEALTH	STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
STATE LICENS (X4) ID	E NUMBER: 00238701 SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
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S 033A	Continued from page 9			S 033A			
	was four or more years A review of MR4 reveamedical record was a 1	aled the patient lister	d in the				
	pregnant patient. A fur	-					
	no documentation that						
	child had sexual interco	ourse with an individ	dual who				
	was four or more years	older than the child	l.				
	A review of MR5 revealed the patient listed medical record was a 14 year old unmarried pregnant patient. A further review of MR5 r no documentation that the facility ascertained child had sexual intercourse with an individual was four or more years older than the child.						
	A review of MR6 reveal medical record was a 1 pregnant patient. A fun no documentation that child had sexual intercord was four or more years	3 year old unmarried ther review of MR6 the facility ascertain ourse with an offend	d revealed led if the ler who				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	8-5130			00	11/18/2013	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER		STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT PREFIX MUST BE PRECEEDE TAG IDENTIH		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE .	OULD BE	(X5) COMPLETE DATE	
An interview with EMI approximately 3:00 PM MR3, MR4, MR5, and documentation that the had sexual intercourse four or more years olded. 3) Based on a review of medical records and was determined that medocumented evidence to occurred with a child let the facility failed to shot the facility reported the appropriate agencies for medical records review. Findings include: A request was made to	P1 on August 29, 20 If confirmed that MF MR6, revealed no facility ascertained with an individual wer than the child. of facility documents interview with staff edical records review hat sexual intercourses than 13 years of the work of three applies of two of three applies of two of three applies of the MR 1 and MR2	if the child who was s, review (EMP), it wed had se age and lence that to the cable).	S 033A	CROSS RELEXCED TO THE	T. KOLKITI	

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
8-5130			B. WING: _		11/18/2013		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
` '				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L		asylvania ice Law. hild 2, which bitation - s against se or st, or ge 13 al or anal mpaired on under n one is 4 or ssault is reat, or tally en er the older a	S 033A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
8-5130			B. WING: _		11/18/2013		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 12			S 033A			
	children though [sic] direct care, supervision guidance, training of that person, or an agen institution, organization or other entity by we child is affiliated, and through the course of work the person has reasonable cause to sus the child has been or is being abused 6. Freport submitted? Call ChildLine immediated 1-800-932-0313. When you contact ChildLine inform them you work at Planned Parenthoody ou have a situation that may need to be reported will prompt you with questions, and lead know if the situation must be reported. Add you must complete a written report (see FAC 7. Do we have to submit a written report Within 48 hours of contacting Childline, you make a written report using the CY47 form child protective services unit and mail it to to county where suspected abuse occurred. The contact list of county child and youth agencing provide you with the address for the correct protective services unit. Do not put a copy of report in a medical chart. Center Managers		which the f their spect How is a tely at Line, od and ported. et you ditionally, AQ # 7) t? Yes. ou MUST to the the cies will t child of the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
8-5130				00	11/18/2013		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPI	STREET			
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	DDOVIDED'S DI AN OF CODDE	CTION (EACH	(X5)
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S 033A	Continued from page 13			S 033A			
	roports with their secur	ea administrativa fil	og AND				
	reports with their secur send a copy to PSA Ad	·					
	1 3						
	9. Do I need to document any information? Yes, in the medical record. On a medical continuation form						
	you will document that						
	include the date, time of	•					
	whom you spoke, a rep	-					
	and the result of your p						
	not a reportable event,	you should docume	nt this in				
	the chart as well "						
	In addition EMP1 provided facility document:						
	"Reporting Suspected G	Child Abuse" Effect	ive Date:				
	November 1, 2011, last	t updated: January 2	, 2013,				
	which revealed "As ma						
	the duty to report suspected child abuse. Here						
	the steps to follow to ensure that reporting is do						
	correctly, and that all key elements of reporting						
	fulfilled When to rep						
	incident of child abuse						
	mandated reporter has						
	who is the suspected vi		better to				
	over-report than under-	-report instances of					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
8-5130			B. WING:		11/18/2013		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
	E NUMBER: 00238701	OF DEFICIENCIES (EACH DE	FICIENCY	ID			(VE)
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 14			S 033A			
	suspected child abuse Who does the reporting: Many of our reports are generated because a mine has replied "yes" when asked on the history form he/she has ever been forced to have sex. Center assistants and clinicians are both responsible for following up when this question is answered with "yes." As a Center Assistant, you should review history and ask questions about the incident(s) of forced sex or other abuse. You should always communicate to the clinician when you have had this conversation. Each Center should have a system in place for deciding who will make the report to Childline. The person who will make the call needs to gather enough information from the patient to make the report meaningful. Center Managers may need to decide who will collect the information from the patient, given staffing level availability of CA's and clinicians. The Center Manager may decide to meet with the patent and make the call herself In order to report suspected child abuse, take the following steps: 2 Call ChildLine immediately at 1-800-932-0313 When you contact Childline, inform them you work.		a minor form if enter le for ed with a eview the t(s) of ays ve had e a e the nake the om the nter lect this g levels and nter nt and teps: 2.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
8-5130			B. WING:		11/18/2013		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238701							
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033A	Continued from page 15			S 033A			
	at Planned Parenthood and have a situation need to be reported. If unsure if a situation reportable incident, inform them of the situation without disclosing the patient's name. They prompt your with questions, and let you know situation must be reported. Be sure to note name of the person with whom you speak as report number is one is given, as this will be your documentation 3. Within 48 hrs: con written report to the child protective service and mail it to the county where the suspected occurred Do not put a copy of this report patient's medical chart. The Center Manage keep copies of the write report in a binder we secure administrative files Once complete and email a copy of the report to the PISA Administrative Coordinator. A centralized kept in the shared drive to track agency-wide reporting and circumvent repetition of report Using a medical continuation form, docume chart that you called Childline. Include the time of call, name of person with whom you		ation y will ow if the the and a we used in complete a we unit ed abuse in the er must with their ted, scan log is de orts 5. ent in the e date,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: (X3) DATE SUF COMPLETED: A. BLDG: 00		EY
8-5130			B. WING:		11/18/2013		
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
STATE LICENSE NUMBER: 00238701 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	MUST BE PRECEEDED BY FULL REGULATORY OR LSC		d in the had e medical se was e sexual encies. d in the had e medical tercourse e no e sexual encies.	S 033A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER: 8-5130			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 11/18/2013	ΣΥ	
NAME OF PROVIDER OR SUPPLIER: PPSP SURGICAL LOCUST STREET HEALTH CENTER STATE LICENSE NUMBER: 00238701			STREET ADDRESS, 1144 LOCUST PHILADELPH	STREET			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR I			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	the medical record, that the child's age at first sexual intercourse was under 13 and both medical records revealed no documentation that the facility reported the sexual intercourse to the appropriate agencies.		S 033A				

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Certified End Page

PPSP SURGICAL LOCUST STREET HEALTH CENTER

STATE LICENSE NUMBER: 00238701 SURVEY EXIT DATE: 11/18/2013

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Nancy J. Lescavage

Deputy Secretary for Quality Assurance

Nancy J. Lescavag

Rachel L. Levine, MD
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY